

**State of Nevada ADVANTAGE System**  
**Purchasing Training Sign Up Sheet**

**Dates:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Agency Number(s):** \_\_\_\_\_

	NAME	PURCHASING Wed 8:30 – 12:00	FIXED ASSETS Wed 1:00 – 3:00
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**SPECIAL ACCOMMODATION:** If an employee is signed up for training and requires special accommodation for conditions including but not limited to hearing, sight, or mobility, please detail below:

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**Please return this form to the STATE CONTROLLER’S OFFICE, IFS PROJECT**